In January, 1889, Weber State University was first organized in downtown Ogden Utah as Weber Academy. At the time, it was owned by the Church of Jesus Christ of Latter-Day Saints; over 100 years later, at a new location and now a state-owned school, the University has grown to be one of the best undergraduate schools in the State and Nation. In January, 1991, Weber State College became **Weber State University**. At the present time there are approximately 27,000 full-time students who may choose from over 160 degree areas. Recognized as a leader in the areas of Allied Health Sciences, Technology, Education and Business, Weber State is competent in other aspects of academia.

The Weber State Campus is located at the base of the Wasatch Mountains in Ogden Utah, 35 miles north of Salt Lake City. It is one of the most up-to-date schools in the Intermountain Region with 88% of its buildings constructed since 1960. The beautifully landscaped campus covers 400 acres and has a beauty all its own reflected both in the award winning landscape and in the 60 modern buildings. Construction of the Marriott Health building was completed in September, 1995. A highly competent faculty, combined with an extensive library and numerous “hands-on” labs, give the students a chance at a first-rate education. Add to that a vast array of extra-curricular activities and you have a GREAT University;

The Weber State University Radiologic Sciences Cluster of Programs was the recipient of the 1990 Secretary of Education’s Award for Outstanding Vocational-Technical Education Programs. In 2012 the Weber State University Radiologic Sciences department was voted the Best Radiologic Sciences Educational program in America by AuntMinnie.com, an honor bestowed by professional peers in the field of medical imaging.

**Accreditation:**
Weber State is a member of the American Council on Education and the American Association of State Colleges and Universities and is accredited by the Northwest Association of Schools and Colleges. Being an accredited institution allows the students to apply for federal student loans and grants.

**Radiography**
The program is provided in an integrated manner of didactic instruction and the utilization of on-campus x-ray rooms, darkrooms, and clinical experience in Radiology departments of the affiliated health facilities. During the course of the program, radiologic physics, anatomy, radiographic procedures, positioning, and patient assessment are taught. The student will participate in clinical education within the affiliate health facilities throughout the program.

The program begins Fall Semester of the first year and continues through the Spring of the second year. The student qualifies for an Associate of Applied Science (AAS) degree upon completion of the general education requirements and the professional course work. Upper division elective courses completed during the program may be applied toward a baccalaureate degree.

Our Pledge is to promote high standards of patient care including enforcing high standards of ethics among Registered Technologist. One issue addressed by the Rules of Ethics is conviction of a crime
which includes felony, gross misdemeanor, or misdemeanor, the only exceptions being speeding and parking violations. All alcohol and/or drug related violations must be reported. “Conviction” as used in this provision, includes: a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered; or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a guilty or *nolo contendere* (no contest); or there is a pretrial diversion. Individuals who have been convicted of, or plead guilty to, or plead nolo contendere to a crime which is either a felony or is a crime of moral turpitude should contact the Radiologic Sciences department at 801-626-6057 for advisement prior to making application; to determine eligibility for the American Registry of Radiologic Technologist Certification Examination. Federal law requires us to notify you of potential penalties if convicted of the possession or sale of a controlled substance (i.e. illegal drugs) under any Federal or State Law. Individuals enrolled in classes, who would otherwise be eligible for Federal Financial Aid would no longer be able to receive any grant, loan or work assistance during the period beginning on the date of such conviction and ending after the interval specified as follows:

If convicted of an offense involving the “possession” of a controlled substance ineligibility period is:

- First offense – 1 year
- Second offense – 2 years
- Third offense – indefinite

If convicted of an offense involving the “sale” of a controlled substance ineligibility period is:

- First offense – 2 years
- Second offense - indefinite

Once an applicant has been accepted to the program, he/she will be required to successfully complete the background check and drug screening process at their own expense prior to the program start date.

For more information, please contact the Dr. Ezekiel R. Dumke College of Health Professions Admissions and Counseling Office in the Marriott Building, Room 108A, (801) 626-6136 or the Radiologic Sciences Department at (801) 626-6057.

Thank you for your interest in the Weber State University Radiologic Technology Program.
Dear Prospective Radiologic Technology (Radiography) Student:

We are pleased to hear of your interest in pursuing Radiologic Technology as a career. To apply to the Weber State University Radiologic Technology Program, please do the following steps by the January 10th deadline:

1. Complete four years of High School or its equivalent;
2. Be accepted as a student in good standing at Weber State University
3. Complete pre-Radiologic Technology courses (these may be taken at any accredited College or University); equivalent courses may be obtained by calling (801) 626-7136;
4. Complete the Radiologic Technology Application form enclosed; and declare your major as Radiography Applicant (Banner Computer Code 2013APPAAS);
5. Submit three Personal Reference Forms (enclosed) with your completed Radiologic Technology application.
6. Submit official transcripts for all colleges/universities you have or are currently attending to the Dr. Ezekiel R. Dumke College of Health Professions Office of Admissions and Counseling with your application (if you are already a student at WSU, you may submit an unofficial transcript).

Applying to the Weber State University Radiography Program is competitive; therefore, be advised:
A. It is YOUR responsibility to see that all of the above-listed materials have been received by the Dr. Ezekiel R. Dumke College of Health Professions Admissions and Counseling Office—files which are incomplete will not be reviewed;
B. Demonstrate ability to achieve scholastically;
C. Applicants with files which are not reviewed for the above-listed reasons and who reapply the following year will not receive “re-applicant” status.
D. Applicants will be notified by letter of their acceptance or non-acceptance into the Radiologic Technology program.

Advisement
Students should meet with the admissions counselor for course and program review. Call 626-7136 to schedule an appointment. Students will meet with their program advisor once a year, please call 801-626-6057 for more information.

Radiography

ASSOCIATE OF APPLIED SCIENCE DEGREE (A.A.S.)

- Program Prerequisite: Complete the prerequisite courses; make application and be accepted to the program (refer to the Admission Requirements below).
- Grade Requirements: Demonstrate ability to achieve scholastically.
- Credit Hour Requirements: a total of 68 credit hours are required for graduation with an A.A.S. degree—18 of these are prerequisite courses, 50 are didactic courses and clinical education courses.
Admission Requirements
1. Be accepted to Weber State University
2. Apply to the Radiography Program for acceptance and follow the procedures as outlined on the program application. The deadline date for applications to be received is January 10 of each year. Student selection is made during Spring semester and those accepted into the program will begin their professional phase of the curriculum in Fall Semester.
3. Pay the $25 program application fee by check or money order only—made out to Weber State University.
4. Submit all official College/University transcripts with your application.
5. The General Education requirements for the AAS degree must be completed.

Pre-requisite required courses are:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1010</td>
<td>Introduction to Writing (3)</td>
</tr>
<tr>
<td>ENGL 2010</td>
<td>Intermediate Writing (3)</td>
</tr>
</tbody>
</table>

**QUANTITATIVE LITERACY** (3 credit hours) - one of the following:

a. Completion of one three-credit mathematics course (with a grade of C or above): MATH 1010, Intermediate Algebra
b. A score of 70 or greater on the ACCUPLACER College Level Math exam.
c. A score of 3 or higher on the AP Calculus or AP Statistics exam.

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
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<tbody>
<tr>
<td>PSYCH 1010</td>
<td>Introduction to Psychology (3)</td>
</tr>
<tr>
<td>COMM 2110/1020</td>
<td>Interpersonal Communication or Public Speaking (3)</td>
</tr>
<tr>
<td>HLTHSCI LS1110</td>
<td>Biomedical Core (4)*</td>
</tr>
<tr>
<td>HLTHSCI 1111</td>
<td>Biomedical core (4)*</td>
</tr>
</tbody>
</table>

If you do not take these two courses, you must take Zool 2100 and 2200 which are Human Anatomy and Physiology, plus an additional class to fulfill the General Education Science requirement. These courses must have been taken within the past five years.

Many of the Radiologic Technology students continue their education to acquire a Bachelors degree and specialize in an advanced area of Radiology. In preparation for that goal and to help with the selection of appropriate courses to complete the graduation requirements for the B.S. degree, the following courses are suggested to complete your general education.

**MICRO 1113** Intro to Microbiology (3)

or **NUTRI 1020** Science and Application of Human Nutrition (3)

**PHSX 1010** Elementary Physics (3)

**CHEM 1010** Intro to Chemistry (3)

**COMPUTER LITERACY COMPUTER & INFORMATION LITERACY** (2 to 5 credit hours) - Successful completion of approved four-part (A, B, C, D) requirement. Can be met by taking proficiency exams with a C grade or better, courses with a C- grade or better, or a combination of the two.
Completion of one three-credit TBE TE1700 Intro to Microcomputer Applications course and/or one one-credit IST 2010 Business Computer Skills will meet Parts A, B, and C of the requirement.

Part A. WORD PROCESSING - TBE TA1501 ½ credit exam or TBE TA1701 one-credit course, Intro to Word Processing.

Part B. OPERATING SYSTEMS, E-MAIL, AND ELECTRONIC PRESENTATIONS - TBE TB1502 ½ credit exam or TBE TB1702 one-credit course, Intro to Microcomputers, E-mail, Operating Systems, and Electronic Presentations.

Part C. SPREADSHEETS - TBE TC1503 ½ credit exam or TBE TC1703 one-credit course, Intro to Spreadsheets.

Part D. INFORMATION LITERACY (Library and Internet research skills) - TBE TD1504 ½ credit exam or either LIBS TD1704 one-credit online course Information Navigator or LIBS TD2201 two-credit course Library Skills, Resources and Research or LIBS/BSAD TD2704 one-credit course Information Resources in the Business Disciplines or LIBS TD2804 one-credit course Information Resources in the Social Sciences.

Exams are credit/no credit, courses vary.

AMERICAN INSTITUTIONS    HIST 1700 or POLSC 1100 or ECON 1740

CREATIVE ARTS ELECTIVE

HUMANITIES ELECTIVE

If you are looking for excellent courses that will help you as a health care provider, you might consider the following non-general education courses:

ANTHRO 2000    PEOPLE AND CULTURES OF THE WORLD (3)
GERONT 1010    INTRO TO GERONTOLOGY (3)
CHFAM 1500    HUMAN DEVELOPMENT (3)
GERONT 3000    DEATH AND DYING (3)
GERONT 3120    AGING: ADAPT AND BEHAVIOR (3)
GERONT 3320    SPECIAL PROBLEMS (3)
GERONT 4220    SOCIETAL RESPONSES TO AGING (3)
PSYCH 3000    CHILD PSYCHOLOGY (3)
PSYCH 3010    ABNORMAL PSYCHOLOGY (3)
PSYCH 3140    ADOLESCENT/ADULT PSYCH (3)

For current program curriculum refer to https://weber.edu/radsci. Curriculum courses and sequence may be subject to change.
WEBER STATE UNIVERSITY RADIOLOGIC TECHNOLOGY
APPLICATION FOR ADMISSION
OUTREACH

Date ________________________ 20 ______
$25.00 Non-Refundable Fee ___________
(Check or Money Order – NO CASH)

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH SITE APPLIED TO.

Please be advised that some hospitals do not select students every year.

Wyoming Program

___ Ashley Valley Medical Center, Vernal, UT  ___ Memorial Hospital, Evanston, WY
___ Beaver Valley Hospital, Beaver, UT        ___ Memorial Hospital, Rawlins, WY
___ Castleview Hospital, Price, UT           ___ Memorial Hospital, Riverton, WY
___ Central Valley Medical Center, Nephi, UT ___ Memorial Hospital, Rock Springs, WY
___ Fillmore Hospital, Fillmore, UT          ___
___ Garfield Memorial Hospital, Panguitch, UT ___ Star Valley Medical Center, Afton, WY
___ Gunnison Valley Hospital, Gunnison, UT    4 Corners Program
___ Mesa View Regional Hospital, Mesquite,NV  ___ Blue Mountain Hospital, Blanding, UT
___ Mountain View Hospital, Payson UT         ___ Chirle Comprehensive Health Care Facility, Chinle AZ
___ Sanpete Valley Hospital, Mt. Pleasant UT  ___ Gallup Medical Center, Gallup NM
___ Sevier Valley Hospital, Richfield UT      ___ Moab Regional Hospital, Moab, UT
___ Uintah Basin Medical Center, Roosevelt UT ___ Montezuma Creek Health Center, Montezuma Creek UT
___ Valley View Medical Center, Cedar City UT ___ Northern Navajo Medical Center, Shiprock, NM
___ William Bee Rirey Hospital, Ely, NV       ___ San Juan County Hospital, Monticello UT
___ Other Approved Site:_______________________ ___ San Juan Regional Medical Center, Farmington, NM
___ Southwest Memorial Hospital, Cortez, CO

Other Locations Applied to: (List All)
☐ Provo ☐ Campus

NOTE: PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM:

1. Print Name in Full __________________________________________________________________________________/______________________________ Last Name  First Name  Middle Initial  W Number
Other possible names (AKA): ______________________________________________________________________________________________________

2. Local Address ______________________________________________________________________________________________________________________ Number and Street  City   State  Zip Code

3. Permanent Address ________________________________________________________________________________________________________________ Number and Street  City   State  Zip Code

4. Home Phone ______________________ Work Phone ___________________________ Other Daytime Phone ____________________________________ Area Code       Area Code             Area Code

5. Date of Birth ______________________ E-Mail address __________________________________________________________________________________

6. Give information concerning High School and College/University or other school attended or are currently attending.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>CITY AND STATE</th>
<th>TOTAL # OF MONTHS ATTENDED</th>
<th>DIPLOMA/DEGREE RECEIVED</th>
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</table>

7. Provide your work history and any health care employment experience, including observation and volunteering in a health care facility, starting with your most recent position:

<table>
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<tr>
<th>NAME OF EMPLOYER</th>
<th>CITY AND STATE</th>
<th>POSITION HELD</th>
<th>TOTAL TIME EMPLOYED</th>
<th>(CHECK BOX)</th>
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<td>VOLUNTEER</td>
</tr>
</tbody>
</table>
8. Are you currently certified in/as a (attach documentation) ______CNA ______ EMT _______Medical Assistant _______Phlebotomist _______Practical Technician or Limited Permit _______other Medical area__________________________

9. Have you ever made application to the Weber State Radiologic Technology Program?   No ______ Yes ______ Year ________

10. Have you applied for formal admission to Weber State University?  Yes ______   No ______

11. Have you been notified or acceptance to Weber State University?    Yes ______   No ______

12. Provide information on the persons to be notified in case of an emergency:

<table>
<thead>
<tr>
<th>NAME/RELATIONSHIP TO APPLICANT</th>
<th>LOCAL ADDRESS</th>
<th>DAYTIME TELEPHONE</th>
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13. It is important in the radiography profession that you are able to communicate clearly.  Please attach a brief ONE page sheet of paper answering all of the following questions:

(1) Activities in which you have been involved during High School, College/University or community in the last five years.
(2) One thing you have accomplished that has given you great satisfaction.
(3) What you most enjoy doing in your leisure time.
(4) Your reasons for selecting Radiologic Technology as a career.
(5) Any special reasons for desiring to enter this program.
(6) List your strengths and weaknesses.
(7) Any other information about yourself which you feel is pertinent to this application.

14. I DO HEREBY CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

____________________________________________________________________________________________________________________________________

Applicant Signature       Date

Weber State University does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran or handicap status. Weber State University has a policy of nondiscrimination in the admission of students.

Apply on-line to WSU Admissions to be accepted as a student to Weber State University:

(1) Go to following website to complete admissions process:
    http://weber.edu/admissions/studentapplication.html
(2) Receive acceptance letter with “W” number. This is your student identification.
(3) Use this identification on this application and when contacting us.

Please submit TOGETHER IN ONE PACKET ALL application materials listed below post-marked by JANUARY 10th:

(1) Application to Radiography Program
(2) Other material requested within this application
(3) All College/University transcripts (including WSU)
(4) Three personal reference forms
(5) $25.00 non-refundable Application fee (made out to WSU, Check or Money Order-NO CASH)

Submit application and above requested materials to:

ADMISSIONS AND COUNSELING
DR. EZEKIEL R. DUMKE COLLEGE OF HEALTH PROFESSIONS
WEBER STATE UNIVERSITY
3907 UNIVERSITY CIRCLE
OGDEN UT  84408-3907

For information, please contact the Dr. Ezekiel R. Dumke College of Health Professions admissions and Counseling Office in the Marriott Health Building, Room 108A (801) 626-7136 or the Department of Radiologic Sciences at (801) 626-6057.

AFFIRMATIVE ACTION INFORMATION
To enable the Radiologic Sciences Programs to make required affirmative action reports to various agencies, applicants are asked to provide the following information. Your response is optional; your decision not to provide this information will not penalize your application. You may also provide this information after you have been notified of your acceptance in the Radiologic Technology Program.

Female _____   Male _____   US Citizen:  Yes_____   No _____; Specify Visa Type:_________________________
Ethnic Origin:  White _____   Black _____   Hispanic _____   Asian/Pacific Islander _____   Native American _____
Other _____   (Specify) ___________________________________

Rev. 2013
WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES
PERSONAL REFERENCE FORM - _______________________
Program applied for

Please use this form to submit information. Include full Legal Name, Address and “W” number of applicant.
In accordance with federal guidelines, please do not comment on: gender, race, national origin, age, religious beliefs, social/economic background, sexual orientation, political beliefs and handicaps.

I. APPLICANT INFORMATION (to be completed by applicant)

Legal Name of Applicant _________________________________________________________________________________________
Last    First    Middle

Permanent Address ______________________________________________________________________________________________
Number and Street   City   State Zip Code

W Number ________________________________________

TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. Students are also permitted to waive their rights to access the recommendations. The following signed statement indicates the applicant’s wish regarding this recommendation:

________________________________________________________________________________________________________________________________________________________
I retain my right of access to this evaluation        I voluntarily waive and relinquish my right of access to this evaluation.

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name _____________________________________________________________________________________________ Date _______________________
Rank or Title ___________________________________________________Company______________________________________________________
Evaluator Signature _________________________________________________________________________________________________________
Email Address_______________________________________________________________    Phone_______________________
Number________________________________________________________

III. EVALUATION COMMENTS (to be completed by evaluator)

Please indicate the degree to which each quality is characteristic of the candidate you are rating.

<table>
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<tr>
<th>CHARACTERISTIC</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
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<tr>
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<td>Study Habits</td>
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<td>Intellectual Curiosity</td>
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<td>Written Communication Skills</td>
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<td>Oral Communication Skills</td>
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<td>Interpersonal Skills</td>
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<td>Reaction to Criticism</td>
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<td>Ability to Inspire Confidence</td>
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<tr>
<td>Awareness of Limitations</td>
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</tbody>
</table>

Strongest points:

Weakest points:

Comments:

Would you:    ☐ Recommend without Reservation    ☐ Recommend    ☐ Recommend with Reservation    ☐ Do Not Recommend

PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE APPLICANT.
WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES
PERSONAL REFERENCE FORM - Program applied for

Please use this form to submit information. Include full Legal Name, Address and “W” number of applicant.
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Legal Name of Applicant _________________________________________________________________________________________

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Number and Street   City   State Zip Code

W Number ________________________________________

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Rank or Title ___________________________________________________ Company______________________________________________________

Evaluator Signature _________________________________________________________________________________________________________

Email Address_______________________________________________________________ Phone
Number_______________________

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Strongest points:

Weakest points:

Comments:

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Program applied for:

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Permanent Address ______________________________________________________________________________________________

Number and Street   City   State   Zip Code

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Rank or Title ___________________________________________________Company______________________________________________________

Evaluator Signature _________________________________________________________________________________________________________

Email Address_______________________________________________________________    Phone _________________________

III. EVALUATION COMMENTS (to be completed by evaluator)

Please indicate the degree to which each quality is characteristic of the candidate you are rating.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Initiative</td>
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<td>Study Habits</td>
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<tr>
<td>Intellectual Curiosity</td>
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<td>Written Communication Skills</td>
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<td>Oral Communication Skills</td>
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<td>Judgment</td>
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<td>Team Skills</td>
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<td>Maturity</td>
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<td>Interpersonal Skills</td>
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<td>Reaction to Criticism</td>
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<td>Ability to Inspire Confidence</td>
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<td>Awareness of Limitations</td>
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</tbody>
</table>

Strongest points:

Weakest points:

Comments:

Would you:  □ Recommend without Reservation  □ Recommend  □ Recommend with Reservation  □ Do Not Recommend

PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE APPLICANT.
RADIOLOGIC TECHNOLOGY APPLICANTS

If you are taking Human Anatomy/Human Physiology or Biomedical Core during the Spring semester, you will need to turn in a PROGRESS REPORT GRADE!

DUE: MARCH 1

Your instructor may directly email the grade or you may turn in or mail a memo from your instructor to:

Eric Neff@weber.edu

Eric Neff
3907 University Circle
Ogden, UT 84408-3907

- Emailed grades must come from the instructor
- Memo grades must be signed by the instructor

Please be sure the following information is included:
NAME
LOCATIONS APPLYING TO
COLLEGE/UNIVERSITY ATTENDING
NAME OF THE COURSE (Anatomy/Physiology or HTHS 1110/1111)
GRADE
W NUMBER (If a Weber State University student)

**It is the student’s responsibility to ensure that progress grades have been turned in by March 1. No late progress grades will be accepted!**